3530 NORTH COUNTY TRUNK HWY F JANESVILLE 53547 Phone: (608) 757-5000 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 156 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 156 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 147 Average Daily Census: 150

ROCK COUNTY HEALTH CARE CENTER

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03)							
Home Health Care	No			Age Groups	%	Less Than 1 Year	6.1		
Supp. Home Care-Personal Care	No					1 - 4 Years	24.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.7	Under 65	32.0	More Than 4 Years	57.8		
Day Services	No	Mental Illness (Org./Psy)	36.7	65 - 74	17.0				
Respite Care	No	Mental Illness (Other)	19.7	75 - 84	29.9		88.4		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	17.7	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic 1.4 95 & Over 3.4 Full-Time E				Full-Time Equivalent	Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures			100.0				
Other Meals	No	Cardiovascular	3.4	65 & Over	68.0				
Transportation	No	Cerebrovascular	3.4			RNs	17.1		
Referral Service	No	Diabetes	2.7	Gender	용	LPNs	6.5		
Other Services	No	Respiratory	2.7			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	28.6	Male	41.5	Aides, & Orderlies	62.4		
Mentally Ill	No			Female	58.5				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other]	Private Pay	·		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	ᅇ	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 6	4.5	142	0	0.0	0	1	12.5	281	0	0.0	0	0	0.0	0	7	4.8
Skilled Care	6	100.0	295	112	84.2	121	0	0.0	0	4	50.0	250	0	0.0	0	0	0.0	0	122	83.0
Intermediate				11	8.3	100	0	0.0	0	2	25.0	216	0	0.0	0	0	0.0	0	13	8.8
Limited Care				1	0.8	87	0	0.0	0	1	12.5	181	0	0.0	0	0	0.0	0	2	1.4
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				3	2.3	173	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		133	100.0		0	0.0		8	100.0		0	0.0		0	0.0		147	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of			sistance of		Number of
Private Home/No Home Health	19.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.7		36.1	61.2	147
Other Nursing Homes	7.1	Dressing	8.2		45.6	46.3	147
Acute Care Hospitals	66.7	Transferring	28.6		23.1	48.3	147
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.7		29.9	52.4	147
Rehabilitation Hospitals	2.4	Eating	10.2		49.7	40.1	147
Other Locations	4.8	*******	******	*****	*****	*******	*****
otal Number of Admissions	42	Continence		용	Special Treatment	s	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	12.2	Receiving Resp	iratory Care	3.4
Private Home/No Home Health	6.0	Occ/Freq. Incontiner	nt of Bladder	53.1	Receiving Track	neostomy Care	1.4
Private Home/With Home Health	2.0	Occ/Freq. Incontiner	nt of Bowel	50.3	Receiving Suct	ioning	0.7
Other Nursing Homes	4.0	_			Receiving Ostor	ny Care	4.8
Acute Care Hospitals	16.0	Mobility			Receiving Tube	Feeding	10.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	10.2	Receiving Mecha	anically Altered Diets	42.2
Rehabilitation Hospitals	0.0				-	-	
Other Locations	6.0	Skin Care			Other Resident Cl	naracteristics	
Deaths	66.0	With Pressure Sores		5.4	Have Advance D	irectives	56.5
otal Number of Discharges		With Rashes		11.6	Medications		
(Including Deaths)	50				Receiving Psycl	noactive Drugs	69.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	****	****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	Government		-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	િ	Ratio	용	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.7	87.8	0.82	87.6	0.82	88.1	0.81	87.4	0.82
Current Residents from In-County	98.6	86.6	1.14	83.0	1.19	82.1	1.20	76.7	1.29
Admissions from In-County, Still Residing	61.9	34.3	1.81	19.7	3.15	20.1	3.08	19.6	3.15
Admissions/Average Daily Census	28.0	71.2	0.39	167.5	0.17	155.7	0.18	141.3	0.20
Discharges/Average Daily Census	33.3	73.5	0.45	166.1	0.20	155.1	0.21	142.5	0.23
Discharges To Private Residence/Average Daily Census	2.7	24.3	0.11	72.1	0.04	68.7	0.04	61.6	0.04
Residents Receiving Skilled Care	87.8	89.5	0.98	94.9	0.92	94.0	0.93	88.1	1.00
Residents Aged 65 and Older	68.0	84.0	0.81	91.4	0.74	92.0	0.74	87.8	0.78
Title 19 (Medicaid) Funded Residents	90.5	74.5	1.21	62.7	1.44	61.7	1.47	65.9	1.37
Private Pay Funded Residents	5.4	17.8	0.31	21.5	0.25	23.7	0.23	21.0	0.26
Developmentally Disabled Residents	0.7	2.8	0.24	0.8	0.89	1.1	0.61	6.5	0.10
Mentally Ill Residents	56.5	55.2	1.02	36.1	1.57	35.8	1.58	33.6	1.68
General Medical Service Residents	28.6	17.5	1.63	22.8	1.25	23.1	1.23	20.6	1.39
Impaired ADL (Mean)	68.3	49.3	1.39	50.0	1.37	49.5	1.38	49.4	1.38
Psychological Problems	69.4	68.8	1.01	56.8	1.22	58.2	1.19	57.4	1.21
Nursing Care Required (Mean)	10.0	7.4	1.36	7.1	1.42	6.9	1.45	7.3	1.37